Mail To:

Bureau of Unemployment Compensation

97 State House Station Augusta, ME 04333-0097 P.O. Box 450 Bangor, ME 04402-0450 P.O. Box 1088 Presque Isle, ME 04769-1088

## DISLOCATED WORKER BENEFITS (DWB) WEEKLY CLAIM FORM

Claimant's Name:		SSN:	
Office:BYE:			
I CLAIM BENEFITS FOR THE WEEK ENDING SATURDAY			
1.	Were you able to attend, and did you attend, all scheduled approved train:  A. If "NO," give the date(s) and reason(s) for absence in the Remark		
2.	How many days during the week are you scheduled for training?		
3.	Are you on school vacation or break in training?	YES NO	
	A. If "YES," give start and end dates of break in training. From:	To:	
4.	If the training has been completed or terminated, give the last date of attendance		
5.	. During the week, did you refuse an offer of work, or refuse a referral to work from the CareerCenter, or miss work that was scheduled for you? If "YES," explain in the Remarks SectionYES NO		
6.			
	week claimed?YES  NO		
	A. If "Yes", Employer Name and Address:		
	B. Dates Worked Gross Earnings \$		
	You must provide verification of your earnings before benefits can be paid.		
	C. Are you still employed? If not, explain why in the Remarks Section	belowYES NO	
7.	Did you receive any of the following: Vacation Pay, Holiday Pay, Dismissal Wages, Wages in Lieu of Notice, Terminal Pay, Severance Pay, or Bonus for the week claimed?YES NO		
	Type PayAmount \$D	ate Received	
8.	During this claim week, did you begin receiving a new pension, or, if you previously reported a pension, did the amount of the pension increase?YES NO		
9.	Are you claiming benefits for dependent children? (If "YES," complete A, B, and C below.)YES NO		
	A. Was your spouse employed <b>full time</b> during the week claimed?		
	B. Does your spouse contribute some support for dependents?		
C. Explain any changes in number of dependents claimed in Remarks.			
10. Has your address/telephone number changed? Please enter new information here:			
Remarks:			
Claimant Certification: I certify that all statements for the week covered by this claim are true and correct. I know the law imposes penalties for false statements made on this claim. I am not seeking any other State, Railroad, or Federal unemployment insurance.			
Claimant's Signature		Date	
<b>Training Facility or Training Sponsor Certification:</b> The answers provided in questions 1, 2, 3, and 4 are in accordance with our records. Statements made by the claimant appear to be complete and correct to the best of my knowledge, unless otherwise noted.			
Facility / Sponsor Name:		Telephone No.:	
- Lucino, oponio Limito.			
Signature:		Date:	
		•	